

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 1254-0245PUS1																																											
Application No. 10/805,262-Conf. #008959	Filing Date March 22, 2004	Examiner C. D. Rodee	Art Unit 1756																																												
Applicant(s): Masahiko KUBO																																															
Invention: ELECTROPHOTOGRAPHIC TONER																																															
<b>MS AF</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>  Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><thead><tr><th colspan="6" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th></tr><tr><th style="width: 15%;"></th><th style="width: 15%;">Claims Remaining After Amendment</th><th style="width: 15%;">Highest Number Previously Paid</th><th style="width: 15%;">Number Extra Claims Present</th><th style="width: 15%;">Rate</th><th style="width: 20%;"></th></tr></thead><tbody><tr><td><b>Total Claims</b></td><td style="text-align: center;">6</td><td style="text-align: center;">- 20 =</td><td style="text-align: center;">0</td><td style="text-align: center;">x 50.00</td><td style="text-align: center;">0.00</td></tr><tr><td><b>Independent Claims</b></td><td style="text-align: center;">1</td><td style="text-align: center;">- 3 =</td><td style="text-align: center;">0</td><td style="text-align: center;">x 200.00</td><td style="text-align: center;">0.00</td></tr><tr><td colspan="5" style="padding: 5px;"><b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/></td><td></td></tr><tr><td colspan="5" style="padding: 5px;"><b>Other fee (please specify):</b></td><td></td></tr><tr><td colspan="5" style="padding: 5px;"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td><td style="text-align: center;">0.00</td></tr></tbody></table> <div style="margin-top: 10px;"><input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span> <input checked="" type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. <div style="margin-left: 20px;"><input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</div></div> <div style="margin-top: 20px; text-align: right;">Dated: <u>January 18, 2007</u></div> <div style="margin-top: 10px;"><div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 40%;">Terrell G. Birch Attorney Reg. No.: 19,382</div><div style="width: 60%; text-align: right;">BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000</div></div></div> <div style="margin-top: 10px; text-align: center;"><b>* Please note that the 1 Month Extension Fee was paid with the Amendment filed 12/19/2006</b></div>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		<b>Total Claims</b>	6	- 20 =	0	x 50.00	0.00	<b>Independent Claims</b>	1	- 3 =	0	x 200.00	0.00	<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>						<b>Other fee (please specify):</b>						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
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